

THE HARVARD-PERKINS COURSE FOR
INSTRUCTORS OF THE BLIND

Gabriel Farrell

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The Harvard-Perkins Course for Instructors of the Blind

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THE Harvard-Perkins course for the training of teachers of the blind grew out of a recognized need for providing professional training for those who wished to enter this specialized field. The course is a cooperative undertaking between Perkins Institution and Massachusetts School for the Blind, and Harvard University. For nearly a quarter of a century the work has been under the active direction of Dr. Edward E. Allen, former director of Perkins and now director emeritus.

The first course was offered in 1921 after considerable planning on the part of Dr. Allen, Dr. Henry W. Holmes, dean of the Graduate School of education of Harvard University, and Mr. Charles B. Hayes, director of the Division of the Blind of the Massachusetts State Department of Education. The active direction of the course was given by a committee representing the Harvard Graduate School of Education, Perkins Institution, the Massachusetts Association for Promoting the Interest of the Adult Blind, and the Division of the Blind of the Massachusetts State Department of Education.

In February 1925, after four years

as an extension course, the permanent value of this training course was recognized. Consequently, it became a regular course with a full semester of credit counting toward the degree of master of education, or of doctor of education when taken by duly accredited college graduates. Similar credit has been granted by many other colleges to students enrolled in the course.

Dr. Allen has always valued the association of Perkins Institution with Harvard University. He has felt that it gave to the course not only university sanction, but it also set up the requirements of a high professional standard which he was so anxious to introduce into the field of the blind. He has long felt that too many blind children suffered from the lack of special training on the part of teachers who were often engaged on the basis of their preparation or experience as teachers of seeing children. He wrote on one occasion, "When I was confronted for the first time with a class of blind children, . . . I was not only ignorant of these facts but wholly innocent of that other fact that their psychology was unlike a seeing child's, what my own was in child-

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Dr. Farrell is a trustee of the National Braille Press, and a trustee and secretary of the American Foundation for the Blind. He is a member of the American Association of Instructors of the Blind and American Association of Workers of the Blind. At present he is serving as the chairman of the Joint Committee on National Legislation for these two associations.

THE CARE OF CHILDREN WITH RHEUMATIC FEVER

not particularly familiar with the course of rheumatic fever.

Now, suppose the child is found to have no heart disease and no rheumatic fever. That, you might think, would be an easy diagnosis to interpret. The states; however, have not found it to be so easy. Not infrequently a diagnosis of heart disease has previously been made by the family physician who is going to continue giving medical care to the child and his family. In one state an expert diagnostician was sent into a small town in which an epidemic of rheumatic fever had been reported by the local physician. The state consultant found that nine children who had been kept in bed for several months to a year actually had no rheumatic heart disease and showed no evidence of ever having had rheumatic fever. That was a ticklish situation, but the consultant handled it so well that the children were restored to normal living, with the consent and understanding of the local physician. In another state, about 25 per cent of the children who were sent to the diagnostic clinic by local physicians had been previously told that they had heart disease. In that state every effort was made to persuade the local physicians to come to the clinic with their patients, so the conflicts in diagnosis were handled quite informally with the local physicians—and the local physicians learned a good deal about the diagnosis of heart disease.

Besides the problem of explaining the diagnosis to the physician, the prob-

lem of getting the child and the family to relinquish a previous diagnosis of heart disease is sometimes difficult to solve. Some families and some children are unable or unwilling, for a variety of reasons or emotions, to give up the fears, restrictions, and privileges that go with a diagnosis of heart disease. A thorough knowledge of the family situation, and great patience and skill in coping with the difficulties are necessary to deal with this type of situation. The state medical-social workers have had to handle many such cases, using not only their own skills but also many sources of information and help within the community.

The rheumatic-fever conference considered the problems involved in many other aspects of care of the rheumatic child—hospital care, sanatorial care, care of the sick child in a foster home or in his own home, follow-up care. Basically the problems were the same and the ways of solving them were the same as those just discussed. The state agencies recognize their responsibility to provide all the necessary services by enlisting the efforts not only of their own staff members but also the efforts of every other individual, group, or agency that can contribute to this end. This fact suggests then that the state programs for children with rheumatic fever are fundamentally sound, and that, in spite of the small number of children actually cared for, the work that is being done through these programs is of no small importance.

City Farmers

At the request of the California Agriculture War Board, the State Department of Education has developed a course of study for city schools to show city high-school pupils how they can help in farm work. This course is designed to prepare qualified farm workers for the 1943 season—when the labor shortage will be even more severe.

THE HARVARD-FERKINS COURSE FOR INSTRUCTORS OF THE BLIND

hood, for example; and so I floundered about in deep water at their expense and amusement for a month or so until I had learned to swim a little."

Perkins as well as Harvard had much to contribute towards the success of the undertaking. Dr. Allen's predecessor, Michael Anagnos, had early in his directorship started collecting books and material for a special library and museum covering the field of the blind. The extension of these two types of material was continued by Dr. Allen until Perkins now has a library of over 10,000 volumes in nineteen languages including practically every book or pamphlet pertaining to the blind. The Perkins museum contains much historical matter, many appliances, models, maps, games, exhibits and other articles which have been gathered from all over the world. For a number of years Director Mell, of the Imperial and Royal Institution for the Blind at Vienna, Austria, regularly sent material which he had secured in Europe. Hence, Perkins offered a dual collection of materials unrivaled in the world awaiting scholarly use. Those who attend the Harvard-Perkins Class have the privilege of drawing upon it freely for their instruction and enlightenment.

During the first twenty years the Harvard Course consisted of the series of lectures given during the first half of the academic year. Most of these lectures have been given through the years by Dr. Allen, assisted by specialists in the field who represent wide interests such as the work of the Division of the Blind, the program for the prevention of blindness, sight-saving classes, workshops, and industrial activities. Supplementing these lec-

tures is a great deal of assigned reading. Dr. Allen advocates assigned reading and a tutorial guide to assist students by supervising the reading and giving instruction in other aspects of work in the course. During the first eleven years the tutorial guide was Miss Jessie L. Langworthy, Ed. M., an experienced teacher of the blind and at one time head of the Boy's School at Perkins. In 1937 this work was taken over by Miss Genevieve M. Haven, Ed. M., also a well versed instructor of the blind and for years a member of the Perkins' staff.

In the same year that the Harvard Course became a regular half-course with credit, a supplementary course was added to fill the second half of the academic year. This course was called the special Methods Course because it was designed to apply the theories and principles enunciated by Dr. Allen in his course to actual teaching in the schoolroom. This course was introduced by Miss Langworthy and conducted by her until her retirement in 1937. "Greater contact with the actual problems of living and teaching," wrote Miss Langworthy, "worked out before a responsible position had been taken was necessary to complete this scheme of teacher preparation and make his (Dr. Allen's) dream come true. Such contact would make the work far less discouraging to the teacher who would find out whether she was adapted to this kind of teaching before she was actually responsible for her classes, and it would give her at least a start in knowing how to deal with her problems. It would save the children from that trying period of adjustment to a new teacher who knows nothing of the

work—a lamentable and wasteful time of lost opportunity."

In 1941 Dr. Samuel P. Hayes, who for over twenty years had been visiting psychologist for Perkins, as well as for the school for the blind in Philadelphia, and the American Foundation for the Blind, took over the general supervision of both the Harvard Course and the Special Methods Course. At that time it was decided to make certain definite changes in the plan of teacher training. The Harvard Course as such was to be continued as before, a three-hour semester course on the education of the blind given at Perkins, with lectures by Dr. Allen and supplemented as in the past by experts from outside the school. During the second half year the members of the class were to be permitted to select any course offered by the Graduate School of Education at Harvard as approved by the dean of the Graduate School of Education and the director of Perkins. This has enabled the members of the class to come into direct contact with the Graduate School in Cambridge and to have that association with Harvard.

In addition to these two courses, the students are now required to carry the equivalent of three other courses. The former Special Methods Course, distributed throughout the year with a required number of hours of observation and practice teaching in the school under direction, presented the equivalent of three-hour courses. The third course is the Education and Psychology of exceptional Children, given by Dr. Hayes, who prior to coming to Perkins was professor of psychology at Mt. Holyoke College. These courses round out a full year of instruction,

enriching the old course considerably and enabling members of the class to meet more easily the requirements of various state departments of education.

One of the most significant advantages of the Harvard-Perkins plan is the requirement that those taking the course shall reside at Perkins during the academic year. This gives the students the experience of living in a residential school for the blind and a chance to acquire those attitudes which are needed. These are best attained through constant contact with the children themselves. It also introduces them to that socializing program through the cottage system which has made the education of the blind at Perkins so distinctive. The members of the class are distributed among the twelve cottages of the school, sharing in the family life, eating at the tables with the pupils, helping them in their work and joining in their parties and games. In this way they come to know many blind boys and girls and learn how to deal with them in harmony with the dictates of modern mental hygiene. From time to time there are people who take the course because of a special interest in the blind who do not live in the school, but it is the general opinion that living at Perkins is one of the primary values of the program.

The fame of the Harvard-Perkins Course has been far spread. During the nearly twenty-five years of its existence, students have come from practically every state in the country, and are now distributed throughout the United States working in many schools for the blind. Several have risen to high positions in this special field. In addition, students have come

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parts of the institution. At least twenty-two of this one hundred eleven are frankly uneducable and constitute custodial cases. Many of them will be given a trial in school to satisfy parents who believed that their retardation was due to educational deprivations and that they could learn under ideal conditions.

Of the thirty-three who are now on parole, nine returned to public school. They were all of normal intelligence, the lowest IQ being 87 and the highest 127. In this particular group seizures constituted the primary reason for their original exclusion from public

school, and control of the attacks by means of anti-convulsant drugs was the major factor in their return. Improved home conditions played a prominent part in three or four of the cases, however.

Several of the paroled school group were able to obtain suitable employment. Others, although not able to accept employment, could be given adequate care and supervision by their own families. This latter group was made up of mentally deficient children who had reached their limit of trainability, and due to seizure control and improved behavior could be paroled.

The Harvard-Perkins Course

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to Perkins from more than twenty countries throughout the world. At this time of global war their friends at Perkins often wonder about the status of these men and women, many of whom are now living in the actual areas of war. Most of them apparently are still carrying on their work wherever they may be. When the German armies seemed to be fast approaching Cairo, a letter came from a former student stating that he was even then opening new workshop, and that the Queen of Egypt had just visited the school. Recently a letter from a young man in India, who spent two years at Perkins, told that he had published a book on the blind. Among those returning on the Gripsholm was a former member of the class who was head of the school for the blind in Canton, China. Word has recently been received from former students in

Porto Rico, in Cuba, and in Hawaii. We are still a little concerned about the young woman from the Philippine Islands, who had not reached Manila when we last heard from her. We cannot help thinking from time to time about the several students who came here from Japan and the one or two from Norway from whom no word has recently come.

After the war we will want to help again the "Little Perkins" scattered throughout the world. For in many distant places there are men and women who have come to Perkins to take their training. All have carried away with them something of the spirit of this century-old school for the blind, and a clear imprint of the founder of this course with his vigorous views about the high standards that must be set for the blind, and the need for adequate professional training for those who would undertake the responsible task of giving instruction to those who cannot see.

The Public Health Nurse in the Education Of the Handicapped Child

Mary E. Emberton

The public health nurse functions in the education of the handicapped chiefly as a worker in family health service. To her the handicapped child is always a member of a family. His misfortunes and his blessings are shared by the entire group. Likewise the misfortunes and blessings of the group are shared by him.

The public health nurse's first duty in her capacity as family health worker is to bring to light the peculiar needs of parents or children. She is therefore in a position to find those children who are in need of special education. An alert nurse is curious about a child who is at home during school hours. On inquiry or observation, she may find that he has some defect such as skeletal deformity, serious loss of hearing or vision, speech inadequacy, or some other infirmity which precludes his attendance at regular classes. She then guides the parents in seeking medical care for this child and subsequently, special education, if he needs it.

The nurse through her routine home visiting finds out conditions which may accentuate the disability, if not make it actually worse. A dark, dismal home without sunlight certainly would handicap the progress of any child but it might seriously affect a child with already impaired vision. If there is inadequate heating or dampness, a child with a hearing de-

fect may be subjected to repeated colds and the condition aggravated. The public health nurse will point out these hazards to the parents and help them to make the home adequate, using public assistance if necessary.

If there is a contagious disease in a neighborhood, the public health nurse appreciates how serious exposure may be to a child with a physical defect; that the "set back" experienced from a bout with whooping cough may retard the educational progress of a handicapped child for months. She tries in every way possible to impress these facts on the neighbors and members of the family so that the child is not unnecessarily exposed.

The public health nurse, as a health teacher in the home, stresses the importance of cleanliness, of proper nutrition, of good health habits, of family living which develops happy relationships between members.

In the case of children with cerebral palsy, physicians and educators welcome the assistance of the orthopedic public health nurse who is acquainted with the programs of clinics and schools for the training of these patients. The nurse, in her visit to the home, is able to observe many things which may be of value to the doctor who makes recommendations for the child's educational program. She is

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